

**AFCARS Reporting Requirements:
User Guide
Entering and Correcting AFCARS Adoption Data in WiSACWIS**

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1. *Introduction*

State child welfare programs and those administering child welfare services, including special needs adoption services, are responsible for meeting federal reporting requirements associated with their Adoption and Foster Care Analysis and Reporting System (AFCARS).

This document will provide an overview of new functionality to support data quality associated with federal Adoption AFCARS reporting requirements. Data accuracy and quality associated with Adoption AFCARS reporting are further supported by additional functionality within the current AFCARS Exception window and with the applications of Adoption AFCARS ticklers.

In addition, detail is provided to describe how and where each data element needed to meet Adoption AFCARS reporting requirements is captured in WiSACWIS. Data used for these purposes is derived from both a child's Pre-Adoptive Child case and the Adoptive Home case. Data accuracy and quality associated with Adoption AFCARS reporting are further supported by additional functionality within the current AFCARS Exception window and with the applications of Adoption AFCARS ticklers.

1.1 Adoption AFCARS Exception Windows

The AFCARS Exception windows applicable to Adoption AFCARS data elements can be accessed only by staff with the appropriate adoption program security designation. These windows present the status of specific and discrete data elements needed to meet Adoption AFCARS reporting requirements. In instances where the data from WiSACWIS is used for both Foster Care and Adoption AFCARS reporting purposes, status on a specific child's data elements are to be viewed in the respective AFCARS Information I, II and/or Administrative Information windows. The functionality pertaining to Adoption AFCARS Exception windows operates in the same manner as the Foster Care Exception windows and are as follows:

ADOPTION AFCARS PRIMARY WINDOW

AFCARS Exceptions - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Child Information

Child's Last Name: Child's First Name: Search
4 - Child's Person ID: Current Case Name: Current Case ID:

AFCARS Information I **AFCARS Information II** **AFCARS Administrative Information** **Adoption AFCARS - Primary** **Adoption AFCARS - Admin**

Child Information

21 - Date Adoption Legalized: 29-32 - Child Adopted By:

Special Needs

☐ 9 - State Agency- Special Needs ☐ 10 - Primary Basis for Special Needs:
☐ 11 - Mental Disability and/ or Learning Disability ☐ 12 - Visually/Hearing Impaired
☐ 13 - Physically Disabled ☐ 14 - Serious Emotional Maladjustment
☐ 15 - Developmental Delay ☐ 15 - Medically Fragile

Birth Parent Information

Birth Mother Birth Father

16 - DOB: 00/00/0000 17 - DOB: 00/00/0000

18 - Married at Child's

Exception Messages

Print Record **Save** **Close**

Done Local intranet

ADOPTION AFCARS ADMIN WINDOW

ADOPTION AFCARS ADMIN WINDOW

AFCARS Exceptions - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS

Print Spell Check Help

Child Information

Child's Last Name: Child's First Name: Search
4 - Child's Person ID: Current Case Name: Current Case ID:

AFCARS Information I AFCARS Information II AFCARS Administrative Information Adoption AFCARS - Primary Adoption AFCARS - Admin

Administrative Information

1 - State FIPS Code: 2 - Report Period End Date:
3 - Adopted Child ID: 33 - County Name:
4 - State Agency Involvement 34 - Child was placed by:
35 - Monthly Subsidy: 36 - Monthly Amount:
37 - IV-E Status:

Exception Messages

Print Record Save Close

Done Local intranet

1.2 Adoption AFCARS Tickler Functionality

Tickler functionality applies to Pre-Adoptive Child cases when a finalization date has been entered in the child's legal status window and there are Adoption AFCARS data errors present in the child's Pre-Adoptive case information. A Pre-Adoptive Child case cannot be closed unless all AFCARS Ticklers have been reconciled.

Tickler functionality also applies to Adoptive Home cases when the case has been created and there are Adoption AFCARS data errors present in the Adoptive Home case. An Adoptive Home case cannot be assigned to any Default Adoption Worker unless all AFCARS Ticklers have been reconciled.

The Adoption AFCARS Exception windows can be used to identify the specific errors for any case where a Tickler has issued. As with the Foster Care Exception windows, some errors can be corrected in the Exception window. If not, an Exception Message will be displayed at the bottom of the window providing instructions on where and how the error can be corrected.

2. Adoption AFCARS Data Entry

2.1 Adoption Referral Window- General Tab

| WiSACWIS Field | AFCARS Element | Definition |
|--------------------------|----------------|---|
| State Agency Involvement | #4 & #34 | <p>Defines the status of the agency that facilitated the adoption finalization. Values that can be selected with the “This Child Placed By” include the following:</p> <ul style="list-style-type: none"> - Private Agency/Under Contract with DHFS - Private Agency/Not Under Contract with DHFS - Tribal Agency - Independent Person - Birth Parent <p>For Adoptions finalized by private agencies under contract with the BMCW or the BPP Special Needs Adoption Program, the value “Private Agency/Under Contract with DHFS” will always be selected and represent State Agency adoptions for AFCARS reporting purposes.</p> |

Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check ABC Help ?

Child's Name: Amy Abby Referral Status: Active Date Received: 10/25/2004

General Birth Parents Background Placement Child Summary Matches

General Appearance

Gender: Female
DOB: 10/02/2000
Ethnicity: Other

Family History Questionnaire (Medical/Genetic) on File

☐ Birth Father
☐ Birth Mother
☐ Pregnancy and Delivery Information

Adoption Information

☐ Child is Part of a Sibling Group
☐ Placement with Siblings Preferred
☐ Life Book Available
☐ Birth Certificate in File
☐ Social Security Card in File

Adoption Type:
Legal Risk:
This Child Placed By:
TPR Date: 00/00/0000

Names of Siblings

| Name of Sibling | Currently Placed With | Place With in Adoptive Home |
|-----------------|-----------------------|-----------------------------|
| | | |

Options: Go

Insert Save Close

Done Local intranet

2.2 Person Management Window – Basic Tab

| WiSACWIS Field | AFCARS Element | Definition |
|-----------------------------------|------------------------|--|
| Birth Date | #5 | The Date of Birth for the child. |
| | #16 | The Date of Birth for the child's biological mother who is identified by the pre-adoptive child's Person Management window in the Additional tab. |
| | #17 | The Date of Birth for the child's presumptive, alleged or adjudicated father who is identified by the person selected in the pre-adoptive child's Person Management window in the Additional tab. |
| | #23 | The Date of Birth for the child's adoptive mother. |
| | #24 | The Date of Birth for the child's adoptive father. |
| Child's Gender | #6 | The Gender of the child. |
| Race | #7a-f, #25a-f, #27 a-f | The Race(s) of the child and the adoptive mother and father. |
| Hispanic/Latino | #8 | The Hispanic/Latino Ethnicity designation of the child and the adoptive mother and father. |
| Adoptive Parents Family Structure | #22 | Using the case participant roles defined in the adoptive child's Person Management window, marital status will be derived from the adoptive Mother and Father's Person Management windows in the Marital Status field. |

Person Management 'Abby, Alice ' ID:20999 -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Basic Additional AKA Names Address Relationship Kinship/AFCARS Background Check

Name
 ID: 20999 Prefix: First Name: Alice MI: Last Name: Abby Suffix: Save as AKA

Basic
 Gender: Female U.S. Citizen SSN: 777-77-7777
 Birth Date: 08/07/1970 Birth Place: Death Date: 00/00/0000
 Commitment#: - County Person ID: AB1234

Wisconsin Resident: Yes Primary Language: English
 Religion: Interpreter Required
 Marital Status: Married Couple

Ethnicity
 Primary Race: White Race: Caucasian
 Race: Ethnicity: Caucasian
 Hispanic/Latino: No Indian Tribe: Tribal Reference #:
 Indian Tribe 2:

Save Close

2.3 Certification of Special Needs Window

| WiSACWIS Field | AFCARS Element | Definition |
|---------------------------------|----------------|---|
| State Agency Special Needs | #9 | Indicates whether the child has special needs. For all adoptions reported by BMCW and BPP, the child will have a special need by virtue of being served in the state adoption program. |
| Primary Basis for Special Needs | #10 | Indicates the primary reason a child presents with special needs. For Adoption Assistance purposes, some adopted children are documented in WiSACWIS where the child meets the definition of “at-risk” of having special needs. These children will be identified through the selection of the Primary Basis for Special Needs value of “Other Med. Diagnosed Conditions/At-Risk.” |
| Types of Disability | #11-15 | Indicates any additional disabilities for the child with special needs. All applicable values can be checked in the “Additional Basis for Special Needs” field. |

Certification of Special Needs - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Case Participant

Name: Amy Abby DOB: 10/02/2000 Gender: F Race: Unable to Determine

Special Needs

Date Effective: 10/26/2004

☒ Adoption ☐ Foster Care

Primary Basis for Special Needs: Age

☐ Child has established emotional ties with foster parents.
☐ Previously attempted to find other placements.

Additional Basis for Special Needs

☒ Age ☐ Developmental Delay (CFS-40)
☐ Medically Fragile ☐ Member of a Minority Group
☐ Member of a Sibling Group ☐ Mental Disability &/or Learn. Disability
☐ Other Med. Diagnosed Conditions/At Risk ☐ Physical Disability
☐ Serious Emotional Maladjustment ☐ Visually/Hearing Impaired

Options:

Done Local intranet

2.4 Adoption Referral – Birth Parents Tab

| WiSACWIS Field | AFCARS Element | Definition |
|----------------|----------------|--|
| Mother Married | #18 | Indicates whether the biological mother of the child was married at the time of the child's birth. |

Adoption Referral - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Child's Name: Amy Abby Referral Status: Active Date Received: 10/25/2004

General **Birth Parents** Background Placement Child Summary Matches

Birth Mother

Birthdate:

Age at Child's Birth:

☐ Mother is Deceased

Mother Married at Child's Birth:

Social/Mental/Physical Conditions:

No
Unable to Determine
Yes

Add/Edit

Birth Father

Birthdate:

Age at Child's Birth:

☐ Father is Deceased

Father Married at Child's Birth:

Social/Mental/Physical Conditions:

Add/Edit

Save Close

Done Local intranet

2.5 Legal Status Window with a TPR Dates for Father/Mother

| WiSACWIS Field | AFCARS Element | Definition |
|----------------------|----------------|--|
| Date of Mother's TPR | #19 | Indicates the date of the parent's TPR. At least one parent must have a TPR date. If the mother or alleged or adjudicated father died before a TPR took place, the Death Date in the Person Management window will be reflected for the respective AFCARS element. See Person Management window in Section 1.2. |
| Date of Father's TPR | #20 | |

Legal Status

Case Participant

Name : Mia, Delta
Previous Legal Status : Adoption finalized

OK

Cancel

Court Outcome

Legal Action:

TPR Petition Involuntary

Verified?

Result:

Motion Granted

Hearing Date:

07/04/2002

Applies To:

TPR-Birth Father-Invol.

Date Filed/Served:

00/00/0000

Court:

Family

Date Order Entered:

07/15/2002

Court 2:

Wisconsin Family Courts, Clark County: 517 Court

Expiration Date:

00/00/0000

Court Number:

02FA1679324

Next Court Date:

00/00/0000

Tribal Contact:

Report Due:

00/00/0000

Judge:

Russ Shamburger

Report Submitted:

00/00/0000

Commissioner:

Shoeless Joe Jackson

Branch:

25

New Legal Status:

Legal Custody to Agency

☒ Protective Custody

☐ Under Appeal

2.6 Legal Status Window with a Finalized Adoption

| WiSACWIS Field | AFCARS Element | Definition |
|----------------------------|----------------|--|
| Adoption Finalization Date | #21 | <p>Indicates the date a child's adoption was finalized.</p> <p>For AFCARS Foster Care reporting purposes, this date is used to signify a Discharge from a foster care placement episode to Adoption.</p> <p>Once a Pre-Adoptive Child has a finalization date entered, any AFCARS errors will be identified and a tickler assigned to the primary worker for the Pre-Adoptive Child case. These errors can then be addressed in the respective AFCARS Exception window for that child.</p> |

| Legal Status | | | |
|--|--|--|--|
| Case Participant | | | |
| Name : Mia, Delta | | Previous Legal Status : None | |
| Court Outcome | | | |
| Legal Action: | Adoption Petition | Verified? | |
| Result: | Motion Granted | Hearing Date: | 07/02/2002 <input checked="" type="checkbox"/> |
| Applies To: | Child | Date Filed/Served: | 00/00/0000 <input type="checkbox"/> |
| Court: | Family | Date Order Entered: | 07/30/2002 <input checked="" type="checkbox"/> |
| Court 2: | Wisconsin Family Courts, Clark County: 517 Court | Expiration Date: | 00/00/0000 |
| Court Number: | 02FA1679324 | Next Court Date: | 00/00/0000 |
| Tribal Contact: | | Report Due: | 00/00/0000 <input type="checkbox"/> |
| Judge: | Russ Shamburger | Report Submitted: | 00/00/0000 |
| Commissioner: | Shoeless Joe Jackson | | |
| Branch: | 25 | | |
| New Legal Status: | Adoption finalized | | |
| <input type="checkbox"/> Protective Custody <input type="checkbox"/> Under Appeal | | | |
| | | <input type="button" value="OK"/> <input type="button" value="Cancel"/> | |

2.7 Case Closure Window

| WiSACWIS Field | AFCARS Element | Definition |
|------------------------------|----------------|--|
| Adoptive Parent Relationship | #29-32 | Indicates the relationship between the child and the adoptive parents at the time of finalization. If the adoption is be a non-related foster parent, the value “ Adoption by Foster Family ” is to be selected. |

Case Closure -- Web Page Dialog

eWiSACWIS

Print
Spell Check
ABC
Help

Basic Information

Case Name: Abby, Amy

Case Number: 9221168

Open Date: 09/08/2004

Closing Information

Closure Status: No Request
☐ Request For Closure?
☐ Check Here If Final Safety Assessment is Not Needed
☐ Check Here If Closing Checklist is Not Applicable
☐ Check Here If Completion of Final Family Assessment is not required

Closed Date:
Reason: Child Adopted w/o Adoption Assistance
Adopted By:
Closing Checklist:

Adoption by Foster Family
Adoption by Other Non-Relative
Adoption by Relative
Adoption by Stepparent

Closure Summary

Describe the closure process with the family and service providers and the family's plan for meeting future service needs. Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.

Retain Case

Case Name:
Case Number:
Open Date:

Case Participants

Options:

Go

Save

Close

2.8 Case Maintenance Window

| WiSACWIS Field | AFCARS Element | Definition |
|-----------------------|----------------|---|
| Child was Placed From | #33 | Identifies whether the child was placed from within the state, out of state or out of the country using the County field in the Participants tab. |

Maintain Case

Case

Last/Provider: Number:

First: Initial: Open Date:

Status

☒ Open ☐ Closed ☐ Reopen

Participants | Address | Collaterals | Closing History

Basic

Case Type: Description:

County: Site/Region:

Number of Household Members: CARES Case Number:

County Case Number:

OK
Cancel
Person...
Options ▼

Participants

| Name | Hshld | Status | DOB | Gender | Relationship | Legal Status |
|------------------|-------|--------|------------|--------|------------------|--------------|
| Homemaker, Alpha | Y | Active | 05/01/1996 | Male | Biological Child | None |
| Homemaker, Bob | Y | Active | 10/01/1952 | Male | Present Spouse | None |
| Homemaker, Bravo | Y | Active | 12/30/1998 | | Biological Child | None |

2.9 Adoption Assistance Agreement Window

| WiSACWIS Field | AFCARS Element | Definition |
|-----------------|----------------|---|
| Monthly Subsidy | #35 | Indicates whether a monthly subsidy was established within the Adoption Assistance Agreement. |
| Monthly Amount | #36 | Indicates the amount of the monthly subsidy. If the child does not receive a monthly subsidy, the response to #35 is “No” and would reflect a “MA w/o subsidy” for the Adoption Subsidy Type field. |

Agreements and Notices - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Agreement Information

Case Participant: Abby, Amy Date of Agreement: 10/26/2004

Agreement Type: Adoption Assistance Agreement Agreement End Date: 00/00/0000

Service Category: AAFC Adoptive Home **Agreement Amount:** \$0.00

Service Type: AAFC Adoptive Home Effective Date of Amend: 00/00/0000

Adoption Subsidy Type: MA w/subsidy amount Additional \$ per month: \$0.00

Provider Name: Search Amended Amount:

☐ Agreement Concluded

Parent(s)

Parent 1:

Parent 2:

Original Agreement Information

Physical: Child Specific Rate: \$0.00

Emotional: Child Basic Rate: \$0.00

Behavioral: Exceptional Amounts: \$0.00

Save Close

Done Local intranet

2.10 Adoption Assistance- Title IV-E Status Window

| WiSACWIS Field | AFCARS Element | Definition |
|--------------------------|----------------|--|
| Adoption assistance-IV-E | #37 | Indicates whether the child is eligible for Title IV-E funds at the time of adoption finalization. |

Adoption Eligibility - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS Print Spell Check Help

Child Information

Case Name: Abby, Art Person Name: Abby, Angel SSN: 431-55-8512
 DOB: 03/26/1999 Age: 5 ☐ Child is dependent after 18 18 year letter response received 00/00/0000
☐ Child is in school after 18: High School Name:
 High School Graduation Date: 00/00/0000 Graduation letter Response Received: 00/00/0000

Federal Funding Information

Title IV-E Eligibility Status: ☒ Federal ☐ State ☐ Pending Effective Date: 00/00/0000
 Date Adoption Subsidy Agreement Signed: 01/01/2004 00:00 Date Completed: 00/00/0000 00:00

☒ A. Child is eligible for adoption assistance according to criteria of HFS 50.03
 B. **Federal** / One of the following is true at the time of the adoption assistance application:
☐ Child is Eligible and Reimbursable for IV-E Payments in out-of-home care.
☐ Child's parent is a IV-E reimbursable minor in out-of-home care whose maintenance payment was increased to compensate for the child's cost of care.
☒ Child entered out-of-home care via a VPA, under which the child was IV-E reimbursable at some point.
☐ Child would have been eligible and reimbursable for IV-E payments in out-of-home care except for the lack of the judicial determination of reasonable efforts to prevent removal (REPR) or reasonable efforts to achieve the goal(s) of the permanency plan (REPP).
☐ Child is eligible for Supplemental Security Income (SSI) at the time of the adoption petition.

Annual Review History

| Annual Review Form | Eligibility Status | Completed By | Review Completion Date |
|--------------------|--------------------|--------------|------------------------|
| | | | |

Options: Save Close

Done Internet

3. Conclusion

Each of the screens presented above addresses all of the AFCARS data elements for which errors will produce Tickler Notices. Please refer to the User Guide-AFCARS Window, User Guide- AFCARS Data Entry, and AFCARS Troubleshooting document for additional information on how to understand and address data entry requirements associated with Foster Care AFCARS reporting. The documents can be found on the WiSACWIS Knowledge Website at the following location:

http://dhfs.wisconsin.gov/wisacwis/knowledge_web/Helpdesk/afcars_index.htm

Please refer technical questions and/or concerns related to entry of data needed to meet Adoption AFCARS reporting requirements to the WiSACWIS Helpdesk as follows:

- Telephone - (608) 261-4400 or toll-free (866) 335-2180
- TTY: 1-608-836-2852
- email - Helpdesk@wi.gov (include eWiSACWIS in subject line)